

MODULE 2

Information Gathering and Dispatch

MODULE OVERVIEW

Effective Emergency Medical Dispatch requires that you be able to successfully obtain information from callers, allocate and dispatch resources and, finally, be prepared to provide effective emergency care instructions.

Module 2, Information Gathering and Dispatch, presents information and methodology for eliciting required information from callers. It also provides training for resource allocation. Finally, there is a unit developed to help you understand how to properly provide the emergency care instructions found on the locally approved Emergency Medical Dispatch Protocol Reference System (EMDPRS).

Module 2 contains the following Units:

- Unit 1: Obtaining Information from Callers*
- Unit 2: Resource Allocation*
- Unit 3: Providing Emergency Care Instructions*

MODULE OBJECTIVES

Upon completion of this module, you will be able to:

1. Describe the philosophy of Emergency Medical Dispatch call taking.
2. Describe the techniques for obtaining information from callers.
3. Describe the local EMS system.
4. Describe how to properly allocate resources.
5. Describe the proper ways to provide emergency care instructions.

MODULE 2

Information Gathering and Dispatch

MODULE 2 - UNIT 1

Obtaining Information from Callers

UNIT OVERVIEW

Dealing with difficult callers by sending resources out and having them determine problems is not acceptable behavior. One of the most important parts of your job is obtaining information from callers in order to determine emergency medical needs.

Unit 1, Obtaining Information from Callers, identifies the philosophy of Emergency Medical Dispatch and your responsibilities when dealing with callers. It also points out the interpersonal qualities that must be brought to each call and provides a series of events that you can predict will happen with each real emergency.

This unit also shows the correct method of doing the initial caller assessment and the proper order that information should be taken from callers. How to calm hysterical callers in order to get that information is also presented.

UNIT OBJECTIVES

Unit Learning Objectives

Upon completion of this unit, you will be able to:

1. Describe the philosophy of Emergency Medical Dispatch call taking.
2. Describe the techniques for obtaining information from callers.

Enabling Learning Objectives

To meet the unit learning objectives, you will:

- 1.1 List the primary responsibilities of the EMD when call taking.
- 1.2 Describe the interpersonal qualities and attitude that the EMD is required to show at each call.

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- 2.1 List in order of priority the four essential items of information that the EMD must obtain from each caller who requests EMS assistance.
 - 2.2 Given simulated calls, and using local reporting forms, accurately obtain and record essential information from callers in the correct priority sequence.
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THE PHILOSOPHY OF EMD

EMDs have many responsibilities. In addition to learning about the basics of EMD and getting the medical knowledge required for successful Emergency Medical Dispatch, it is important that you learn about the other responsibilities that you will have. One way to do this is to learn and understand the basic philosophy of Emergency Medical Dispatch. This philosophy includes learning the basic responsibilities of an EMD, the interpersonal qualities that must be shown at each call, attitude and proper ways to use the telephone.

Basic EMD Philosophy



Four Primary EMD Responsibilities in Call Taking. The EMD has many responsibilities. Some of these were described in Module 1, Unit 1. Of these, the following four are considered to be the key responsibilities of the EMD.

- 1) *The EMD is responsible for maintaining contact with the caller.* It is up to you to keep the caller on the line until you get the information you need to make a dispatch decision.
- 2) *The EMD is responsible for dispatching the appropriate units.* While you may think this is obvious, it still is very important. Once you have the information needed to dispatch, you need to initiate the dispatch. What you need to dispatch is determined by the EMDPRS and the responses you get from the caller.

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- 3) *The EMD must keep the caller calm and maintain control of the conversation.* In other words, if you can't calm the caller and keep them under control, you won't be able to get the information you need to make good dispatch decisions.
- 4) *The EMD must determine if emergency care instructions are required.* Simply, you must decide if there is a need for you to use a scripted medical protocol like CPR or Mouth-to-Mouth Resuscitation. This decision is determined by your locally approved EMDPRS. The EMDPRS will tell you when you need to give emergency care instructions.

Primary Responsibilities of The EMD

- ▶ Maintaining contact with callers
- ▶ Dispatching appropriate resources
- ▶ Calming callers and maintaining control of conversation
- ▶ Determining if emergency instruction is required

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Four Interpersonal Qualities You Should Display During Every Call. Every caller you speak to should be treated professionally, regardless of the personal demeanor or any experience that you may have with them. There are four qualities that you need to display for EVERY caller.

- 1) *Be polite.* Treat every caller with respect and courtesy.
- 2) *Be calm and reassuring.* You need to calm the caller in order to get the information you need to make dispatch decisions. Reassuring them that you want to help them can help you calm them and keep them calm.
- 3) *Be firm.* You need to maintain control of the call. The best way to deal with difficult callers is to handle them firmly. Just be careful not to become impolite in the process.
- 4) *Be clear, concise and use accurate speech.* Don't confuse callers by using jargon or difficult terms. Try to speak in a clear voice (so the caller can hear every word). Try to keep your questions, comments, etc. short and to the point. If you dispatch units to respond, tell the caller that help is on the way and will be there soon, don't just tell the caller they're on the way. However, do this **ONLY** after you have dispatched assistance to the caller.

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Interpersonal Qualities EMDs Should Demonstrate for Each Call

- ▶ Be polite
- ▶ Be calm and reassuring
- ▶ Be firm
- ▶ Be clear, concise and use accurate speech

2-1-2



Proper Telephone Techniques. When you are on the phone with callers, you are in one of the most difficult situations that you will face. Proper use of the telephone helps you better deal with this situation. Below are some telephone techniques that you can use. Using them will make your job easier.

- 1) *Ask the caller if they have a cordless phone.* Have them get the phone as close to the patient as possible. Have them use a cordless phone if one is available.
- 2) *Speak directly into the mouthpiece.* The caller can hear you better and you won't have to repeat yourself as much. Maintain a calm tone of voice, even when callers don't understand you. Don't speak louder!
- 3) *Take control of the conversation.* Don't let callers ramble. Direct and focus their attention to answering your questions. Otherwise you waste precious time.

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- 4) *Picture the caller in your mind.* Trying to imagine what is happening at the scene will help you better deal with the caller. It helps to personalize the call.
- 5) *Document information callers give you.* Note what callers are saying. This way you can relay it to responding units if it is necessary.
- 6) *Explain waiting periods to callers.* Callers who are waiting for your help are very anxious to begin with. Long periods of silence exaggerate their feelings of fear. Explaining waiting periods helps to prevent or slow the effects of a phenomenon known as "telescoping of time" where things seem to be taking longer than they really are.
- 7) *Show interest in each caller.* Treat them as you would your own family. Ask for the caller's name and use it frequently and repeatedly during your conversation. This keeps callers focused and is likely to help calm them. Personalizing the call in this way also helps callers realize that you are concerned and want to do what's best for them and the person they are calling about.

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Proper Telephone Techniques

- ▶ Ask callers if they have a portable phone
- ▶ Speak directly into the phone
- ▶ Take control of conversation
- ▶ Picture caller in your mind
- ▶ Write down information
- ▶ Explain waiting periods to callers
- ▶ Show interest in each caller

2-1-3



Your Attitude. Following is a discussion about the attitude that you will need to display during each call. Having the proper attitude helps you deal with the people who request your assistance.

- 1) *You need to be calm and reassuring.* Remember it is your job to calm and reassure the caller, especially in cardiac cases. If you aren't calm then the caller won't be either. Also, let the caller know you've done something to help them ("I've dispatched the ambulance and they'll be there very soon...").
- 2) *Be alert to caller responses.* Listen carefully to what the caller tells you and write the responses.
- 3) *Be willing to give medical instruction to callers.* The medical information and training you receive in this course is designed to help patients, not hurt them.

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- 4) *You need to be quick.* You need to quickly determine the location of the patient/caller and nature of the emergency being reported. Ask one question at a time and record the answer. Only repeat a question if a caller hasn't understood you or has not provided the information you need to answer your question.

Use the questions contained in your protocol. This does not mean you cannot ask additional questions, provided they do not delay dispatch.

- 5) *You need to be clear.* Speak slowly and clearly so that you don't have to repeat instructions or questions.
- 6) *Act and sound confident.* Your confidence reassures callers and increases the likelihood that the caller will follow your instructions.

EMD Attitudes

- ▶ Calm and reassuring
- ▶ Alert to caller responses
- ▶ Willing to give medical assistance to callers
- ▶ Quick
- ▶ Clear
- ▶ Sound and act confident

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Eliciting and Recording Information/Conducting the Initial Assessment

Asking the right questions, in the right way, getting the right responses and documenting them are some of the most important parts of your job. Experience has shown that using the EMDPRS is a more reliable method for obtaining the information you need to make a dispatch decision than simply asking the caller what is wrong.

Conducting the initial assessment is done the same way, every time. The procedures and questions you use are given to you in your EMDPRS, but the following information should always be gathered in the sequence presented here. Gathering and recording this information is the "initial assessment." The proper order that information should be gathered is Where, What, How, Who and When. ***The order is very important.***

Where? *Get the address first.* You need to find out where the incident happened (or is happening). This way you know where to send units and can help them get there efficiently. ***Do this even if you are using an E9-1-1 system or CAD (computer aided dispatch) terminal.*** You need a means of verifying patient and caller locations. This is important in case you and the caller get disconnected and you can't reestablish contact. At least you'll be able to get ***some*** help out to the patient. *Get the phone number* (aka, "call-back" number). This way you can call back should you and the caller be disconnected.



NOTE: On some 9-1-1 enhanced systems (9-1-1-E) the address and phone number of the caller is automatically supplied. You must confirm that this information is correct.

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What? Find out what the *chief complaint* is and the nature of the problem. Get information about what has happened and what response is needed. At this point you will also *determine the level of consciousness* ("Is the person awake?", "Can the person answer questions?", etc.) and *determine breathing status* (looking for respiratory distress and cardiac arrest). It is at this point that you must take control of the call and do not let the caller ramble.

How? Obtaining this type of information is generally optional, and is frequently offered directly by the caller ("My friend was shot," "He stabbed me," "My friend got stung by a bee and now I can't wake him up"). However, it may be included in the questioning sequence of your EMDPRS. Knowing how an injury occurred (sometimes referred to as the "mechanism of injury") can provide some valuable insight into the response required, even scene safety issues.

Who? This information is generally optional. Here you get information about who the caller is and who needs help. This information can be useful in helping you modify your dispatches (only if the EMDPRS says to based on this information) and can be useful for the responder you dispatched.

When? Get information about how long ago the incident happened. This information also can help you modify the response and can be useful to responding personnel.

Conducting Initial Assessment

- ▶ WHERE? Get locational information
- ▶ WHAT? Identify medical nature
- ▶ HOW? Cause of injury
- ▶ WHO? Identification of patient
- ▶ WHEN? Timeframe of when event occurred

2-1-5

Calming Callers

A person who makes a call for emergency medical assistance may be upset and anxious. It may be difficult to elicit information from an hysterical caller. Therefore, it is best for all people involved that you be able to calm the caller. There are techniques that you can use to calm these callers.



Calming Techniques and The Hysteria Threshold. There is a phenomenon that occurs with emergency situations that you need to understand. It is commonly referred to as "The Hysteria Threshold." The hysteria threshold is defined as *"the caller's emotional state that prevents them from being focused in the interrogation process."* Simply put the hysteria threshold is when the caller reaches a point that s/he is too upset to properly focus on your questions and therefore cannot give you the responses you need to make your dispatch decisions.

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Until you can break through a caller's threshold, there is no way you can control the call. The most effective way to break through the hysteria threshold is through the use of a techniques know as *"repetitive persistence."*

Repetitive persistence "is a command or request from the EMD to the caller, accompanied by a reason for the request. The request or the reason is repeated verbatim until the request or action is carried out by the caller."

Other ways to control the hysteria threshold are by using the medically approved interrogation protocols found in your EMDPRS and using your professional dispatch skills (professional demeanor makes callers more comfortable with you). Be sure to ask for and use the caller's name throughout the duration of the call. Far and away, the most effective methods are a calm tone of voice and a calm demeanor.

Calming Callers

- ▶ Hysteria Threshold
- ▶ Calming Techniques
 - "Repetitive Persistence"
 - EMDPRS protocols and questions
 - Professional dispatch skills/demeanor
 - Calm voice/acting calm

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NOTE: It is important that you remember that most calls you receive are not life-threatening.

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Special Problems. In the course of your career as an EMD, you will run into several situations that are particularly difficult to deal with or pose unique problems. Several of these situations are described below. Methods for dealing with them are also provided.

- 1) *Simultaneous emergencies.* There will be times when you will get more than one emergency call at a time. In this type of situation, it is best to take good notes and prioritize calls in terms of medical urgency (according to your EMDPRS).
- 2) *Confusing information.* To combat this, write down all information. If you become confused, repeat the information you have to the caller for them to verify. Remember to get a "call back" number in case you need to further verify locational information, and get the address of the *incident*, not of the caller. (Make sure you let the caller know you need to know where the victim is!)
- 3) *Insufficient information.* If after dealing with a caller, you find that you don't have enough information, or the responding personnel need further information, then you need to be able to reach the caller, so get a "call back" number (taken care of in some enhanced 9-1-1 phone systems). Using the EMDPRS interrogation procedures will also help prevent this.

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- 4) *Hysterical/distraught callers.* These can be the most challenging calls. Remember the procedures you just learned for controlling the hysterical caller. Be firm and courteous and get the caller's attention. If possible, ask to speak to someone else. Be sure you tell the caller to stay on the line until you say it is okay to hang up. You will find that callers' emotional states will generally improve once you start giving them medical instruction.
- 5) *Trauma cases.* USE EXTREME CAUTION. Additional movement of the victim may cause further injury.
- 6) *Dead On Arrival (DOA).* Different regions have different policies regarding DOAs. Check with your local medical control about your policies.
- 7) *English as a second language.* Callers whose primary language is not English, or those with a poor command of the language, may not be able to respond properly to instructions. Judgment on a caller's ability to follow instructions can be determined during the interrogation process. In most places, access to language translator services are available (like that available from AT&T). If you are in doubt about caller responses, however, it is best to send a response higher than you can prove is necessary based on the information you have from the caller.
Refer to your local guidelines.

Special Problems

- ▶ Simultaneous emergencies
- ▶ Confusing information
- ▶ Insufficient information
- ▶ Hysterical/Distraught callers
- ▶ Trauma cases
- ▶ DOA
- ▶ English as a Second Language

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Speech/Hearing Impaired Callers. Make every effort to assist these callers and remember that call times are greater with persons having these disabilities. It is important that you respond with patience due to the problems that you may encounter in communicating with these callers.

Remember, the caller will probably be in a higher state of anxiety than you. Also keep in mind that these people usually don't deal with people outside of their own communities, so they may not know how to effectively communicate with you.

Impaired persons may not frequently deal with persons outside of the deaf community. Therefore they might be reluctant to request emergency services and wait longer to ask for help. In this situation, the request becomes more urgent.

Speech/Hearing Impaired Callers

Things to Remember

- ▶ Callers will probably be in a higher state of anxiety than you
- ▶ Impaired people may not deal with persons outside of their community

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If a caller is deaf, he or she may not realize when help has arrived. It is critical that you stay on the line with them until help has arrived and provide them with continuous updates. It may also become necessary for you to interpret for the responders. Actual protocols to follow will be set by your local agency.

Speak slowly and clearly to callers who have difficulty hearing. DO NOT TALK DOWN TO THEM. They are able to understand what you tell or ask them, they just can't hear you very well.

If you receive a call and you cannot understand the caller very well, do not assume that person is intoxicated. The caller may have a speech impediment, be suffering a stroke or could be a diabetic with low blood sugar. Ask them to slow down and remain patient. Tell them you will remain on the line with them for as long as it takes to get them the appropriate response. You may want to repeat what you hear to them, so they can tell you if it is correct.

Speech/Hearing Impaired Callers

Things to Remember continued...

- ▶ If the caller is deaf, s/he may not realize when help has arrived
- ▶ Speak slowly and clearly to callers who have difficulty hearing
- ▶ If you receive a call and cannot understand the caller, **DO NOT ASSUME THE CALLER IS INTOXICATED!**

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NOTE:

Review the local TDD call procedures and policies with your instructor. He or she will discuss your local policies at this point in the course. Feel free to ask them questions.

The Americans With Disabilities Act. By requirement of the Americans with Disabilities Act of 1990, as of January 26, 1992, all public entities providing emergency telephone services have been required to be accessible to persons with severe speech or hearing disabilities.

Children Callers. Most of the calls you will handle as a dispatcher will be from adults concerning adults. Children are involved in only a small number of EMS runs. It is not known how often EMD calls are made by children as callers. However, as both caller and victim children's medical complaints are specific and different issues from adults'. Criteria-based dispatch and pre-arrival instructions derived from and designed for adult symptoms and conditions may not match well with the underlying causes of those symptoms in children. One example is that, in children, chest pain or fainting are rarely due to a primary heart problem.

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Injury is the most common cause for both adults and children to place calls for 9-1-1 assistance. They make up from one-half to two-thirds of all pediatric ambulance runs. Although meningitis, dehydration and other causes of medical shock are common reasons for children to be brought to an emergency room, children with these problems are more often brought by lay transportation or from the pediatrician's office without calling for EMS assistance. Respiratory distress and seizures make up the other half of calls for assistance for children.

It can be difficult to tell whether a child is having an emergency or not. The younger the child, the more vague or nonspecific may be the signs of illness; irritability, crying, vomiting, fever and lethargy are symptoms that may accompany a wide range of pediatric conditions; many trivial, some life-threatening. For instance, while chest pain, collapse, and loss of consciousness are the common adult medical complaints that are considered potentially life-threatening, the pediatric complaints are likely to be "sick," "fever," "unresponsive," "choking," "seizing" or "hurt".

Behind the complaint "something is wrong with my child" ("sick, hurt, crying") may be an unsuspected foreign body in the esophagus, meningitis, child abuse or simply an ear infection. Behind the complaint, "my baby had a spell where he was blue, pale, not breathing, unresponsive..." may be something as simple as regurgitation or as complex as seizure, heart rhythm disturbance, apnea or septic shock. Because a child's symptoms are often nonspecific, even an experienced pediatric provider will have difficulty discriminating between these conditions in person, let alone over the phone.

Most of the calls you receive concerning children will be from their parents or other caregivers. Although parents are discerning and detailed observers of their children, they are not often medically trained. Furthermore, parents are emotionally entangled in their child's condition in ways that limit their abilities as EMS providers. Whether or not they have contributed to their child's condition, parents are likely to feel guilty and may also feel angry,

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frightened or powerless by what is happening to their child.

Because of this, getting information and providing instructions may be difficult. Your ability to provide calm and clear instructions will make it much easier to get information, particularly if your questions are framed within the context of providing the help they seek. In an emergency, questions can be best posed in the context of providing what they need and telling them how they can help, in a calm fashion. "I am sending help, and I will stay with you until help arrives. Listen carefully, you can help by telling me....." The toddler or child's level of activity can sometimes be the most helpful gauge on the urgency of the situation. Asking "How is the child now?" or "What is the child doing now?" can help the parent give you a better picture of what is happening at the moment.

All of these considerations contribute to the difficulty of telling whether a child is having an emergency or not. Because of these considerations, over-triage is a standard strategy practiced by pediatricians, nurse practitioners and family practitioners. Triage of pediatric patients by EMD should reflect this understanding.

Critically ill or injured children benefit from receiving care at facilities with specialized resources for caring for children. These facilities may not be the nearest hospital to the site of injury, therefore consideration for developing and supporting a system of care for children that gets the injured or ill child to the right facility as quickly as possible should be built into dispatch protocols and may involve factors such as helicopter or fixed wing transport and pre-existing triage and transfer agreements, both intra and interstate.

Finally, providing emergency care for children can be distressing even for the most experienced of EMS personnel, particularly if the outcome of the crisis is poor. Critical incident stress management for such events is increasingly acknowledged to be of great help.

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There will be times when you get a call from a child. Below are a few special things to consider when dealing with children callers.

- 1) Children, when faced with a crisis, often appear to be very calm; this is because they generally do not understand the gravity of the situation. Remember, you should not judge the severity of the call by the level of emotion expressed by the caller.
- 2) Children often will report "something is wrong with my..." or "...is sick and needs help."
- 3) Children will commonly refer to someone who is unconscious as "it looks like...is asleep" or "...is sleeping and I can't wake them"; assume this is an unconscious patient.
- 4) Children are very capable of answering questions and following instructions. You just have to ask them one-at-a-time so you don't confuse the caller. It may be necessary to repeat and rephrase your questions in order to simplify it for the child **and** to be sure the child is not answering "yes" out of reflex to an authority figure.
- 5) Children callers often get anxious or nervous when it seems to be taking too long for an ambulance to arrive. You have to continually reassure them that help is coming.
- 6) If distressed, the child's anxiety may relate to concern about who will take care of them or fear that they might be responsible for the crisis. Remember to reassure them that they will be taken care of and to praise them for their help in making the right call.

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- 7) In non-English speaking families, the school-aged child may be the most fluent in English and may have been chosen to be the translator. Always ask if there are any other adults present.



Common Sequence of Events. There is a common sequence of events that you will face when dealing with callers. This sequence is listed and described below. All of these can be overcome using repetitive persistence and the other techniques you have learned up to this point.

- 1) The caller objects to being questioned.
 - a) Upon answering a call, the caller may object to being interrogated. They may think you're trying to quiz them on their EMS knowledge!
 - b) Tell the caller you're going to help them. Explain to the caller that you are asking all these questions because you need to know what is happening so you can send the proper resources.
- 2) The caller reaches the "hysteria threshold."
- 3) You use "repetitive persistence" to break through resistance and overcome the caller's "hysteria threshold."
- 4) Some events that may cause recurring hysteria in callers are provided below.
 - a) *"Recurrent Hysteria" syndrome.* After calming down enough to talk to the EMD, the caller is told to get the phone as close to the patient as possible. When once again faced with the seriousness of the situation, the caller may become hysterical again.

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- b) *"It's not working" syndrome.* This happens when the caller panics at failure of initial attempts at resuscitation.
- c) *"Telescoping of time" syndrome.* This happens when the caller panics because he or she perceives that events are taking longer than they should. The perception is that the responders aren't coming, and the caller may insist to you that "They aren't coming!"

Common Events in Calls

- ▶ Objection to persistent questioning
- ▶ Caller reaches hysteria threshold
- ▶ EMD uses "repetitive persistence" to break hysteria threshold
- ▶ "It's not working!" syndrome
- ▶ "Telescoping of Time" syndrome
- ▶ "Secondary Patient" syndrome
- ▶ "Tertiary Patient" syndrome

2-1-10

- d) *"Secondary Patient" syndrome.* This happens when the caller realizes that what could have been a tragic outcome has been avoided. The caller then breaks down emotionally from the strain and realization of what could have happened.

Causes of Secondary Hysteria

- ▶ Caller panics at failure of initial attempts at resuscitation ("It's Not Working" Syndrome)
- ▶ Caller thinks its taking too long for help to arrive ("Telescoping of Time" Syndrome)
- ▶ Caller becomes hysterical after realizing what could have been a tragedy has been avoided ("Secondary Patient" Syndrome)

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- e) *"Tertiary Patient" syndrome.* This is what may happen to you. After dealing with a particularly stressing call, you may feel physically and emotionally drained. This is due to the probability that you have personalized the call and have become emotionally involved in the outcome. It is important to know that there are probably some resources you can turn to when this happens (friends, family, coworkers, and agency stress management resources). It happens to all EMDs; just understand that help is available.

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Summary

This unit presented you with the information you need to know to get information from callers so that you can make an effective dispatch decision. You have learned about telephone techniques and how to calm hysterical callers. You now understand how to conduct an initial assessment, and how to handle some of the unique situations that you may run into in your career.

In the next unit you will learn about resource allocation. You will be trained on EMS systems and will learn about your local EMS system. Also, you will learn how to allocate resources in general and within your system.

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UNIT OVERVIEW

After receiving calls and determining the proper response levels for the calls, EMDs must allocate resources for those calls.

Unit 2, Resource Allocation, presents the basic structure of the local EMS system and general information regarding resource allocation. You will also learn about the resources available in your local system. You will be presented with information regarding general response categories and the principles of successful resource allocation.

UNIT OBJECTIVES

Unit Learning Objectives

Upon completion of this unit, you will be able to:

3. Describe the local EMS system.
4. Describe how to properly allocate resources.

Enabling Learning Objectives

To meet the unit learning objectives, you will:

- 3.1 Describe the resources available in the local EMS system.
- 3.2 Describe local pre-configured response modes.
- 4.1 Determine the appropriate resources to be allocated by considering such factors as:
 - 4.1.1 the nature of the problem;
 - 4.1.2 personnel and vehicles available;

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Resource Allocation

- 4.1.3 vehicle proximity to the patient;
 - 4.1.4 ambulance coverage zones and
 - 4.1.5 the types of equipment and trained personnel carried by each resource.
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RESOURCE ALLOCATION

Resource allocation is one of the most important functions of an EMD. It demands an in-depth knowledge of the local EMS system and a complete understanding of the philosophy of effective dispatch.

This unit trains you to understand your local EMS system, from its basic layout to its standard and alternate resources. You will learn to identify each type of resource and its capabilities as well as what it takes to properly allocate resources. Finally, you will also learn about response categories.

Successful Resource Allocation



Objectives in Allocation. EMDs must first consider predetermined response configurations and modes for the local area where they work. Allocation of resources depends on your ability to accomplish a specific set of objectives. Your objectives are to:

- 1) *Obtain the proper information.* By using the local EMDPRS, you can get the information you need for effective resource allocation.
- 2) *Maintain an accurate resource inventory.* You need to keep up-to-date records on the resources available to you.
- 3) *Identify situations that require specific types of assistance (HAZMAT, High-rise rescue, etc.).* The EMDPRS will help you identify these.
- 4) *Identify situations requiring phone-patching.* Specific situations like crisis-intervention and poison-control calls may require you to do this.

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Resource Allocation

- 5) *Determine the best routes for dispatched resources to follow to reach a patient.* This comes from a thorough knowledge of the community in which you work. It is your job to get this familiarization.

Primary Responsibilities of The EMD

Objectives

- ▶ Obtain proper information
- ▶ Maintain accurate resource inventory
- ▶ Identify situations that require specific types of assistance
- ▶ Identifying situations requiring phone-patching
- ▶ Determine best routes for responders to reach patients

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- 6) *Be familiar with local resource capabilities.* Knowing what each resource is capable of is very important in helping you decide who to send.
- 7) *Identify the hospital where a patient will be taken.* This allows you to set up communication or telemetry lines, if needed.
- 8) *Identify the nature and severity of the problem.* Proper interrogation procedures and use of the EMDPRS will help you do this.
- 9) *Determine if multiple units (or mutual aid) are needed.* This is based on the urgency and severity of the medical situation,

number of patients and location or proximity.

- 10) *Identify the proper response mode for all calls.* Response modes are preconfigured for you in your EMDPRS for each medical complaint type. Response modes you will usually hear about are "Hot" and "Cold" (more on these later).

Primary Responsibilities of The EMD

Objectives continued...

- ▶ Be familiar with local resource capabilities
- ▶ Identify hospital where patient will be taken
- ▶ Identify the nature and severity of the problem
- ▶ Determine if multiple units are needed
- ▶ Identify proper response mode for all calls

2-2-2



What does proper allocation depend on? Proper resource allocation depends on a variety of factors. These factors are listed below:

- 1) predetermined response configurations based on local needs and resources;
- 2) the type and severity of the emergency;
- 3) the resources, equipment types and personnel available;
- 4) the proximity of the resource to the patient;

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- 5) response time to the patient;
- 6) callers' needs and
- 7) victim accessibility.

Proper Resource Allocation Depends On...

- Predetermined response configurations
- type/severity of emergency
- resources, equipment and personnel available
- proximity of resource to patient
- callers' needs
- victim accessibility

2-2-3



Response Modes and the Four General Predetermined Response Configurations. As you have learned, you decide the response modes for dispatched units. Your decision is based on predetermined response configurations that are listed in your EMDPRS. Your local medical advisor sets up the configurations based on the following things:

- 1) *Time and Outcome.* Will time make a difference in the outcome? Will getting there faster be that much help to the patient?
- 2) *Time Savings.* Will time to the patient be reduced by using the "hot" response mode (aka Emergency Response Mode - ERM)? Will using the emergency response mode save time?

- 3) *Time and Proximity.* Will time be saved by using resources closer to the patient in a normal mode ("Cold")? Would it be faster to use a resource further away but send it in "Hot."

EMDPRS Configurations Based On...

- Time and Outcome
- Time Savings
- Time and Proximity

2-2-4



There are two things you need to learn about in order to better understand how to use the configurations found in your EMDPRS. These are: ***response modes*** and ***response configurations***.



There are two types of ***response modes***, "*Hot*" or "*Cold*." Earlier in this unit you were told that you'd learn about response modes because you are responsible for using the EMDPRS to properly assign a response mode to a dispatched unit.

- 1) "*Hot*" responses can be called many things. One popular way to refer to a "hot" response is "going lights and sirens." The *Uniform Vehicle Code and Model Traffic Ordinance* refers to the "Hot" response as the

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Resource Allocation

"Emergency Response Mode." It defines it as an "emergency medical vehicle response using lights and sirens as prescribed in Sections 11-106, 12-214 and 15-111 of the *Uniform Vehicle Code and Model Traffic Ordinance*."

- 2) "Cold" responses are also called "going cold." These responses require a normal traffic response. This means the responding units get no special driving privileges, like using their siren or legally exceeding the speed limit in order to reach a patient. It is referred to as the "Normal Response Mode" in the *Uniform Vehicle Code and Model Traffic Ordinance*.

Response Modes

General Considerations

- ▶ "HOT" Responses
 - aka "Going Lights and Sirens"
 - aka "Emergency Response Mode"
- ▶ "COLD" Responses
 - aka "Going Cold"
 - aka "Normal Response Mode"

2-2-5



Response types and response modes are used by your medical advisor to determine **response configurations**. Because they are determined in advance, they are usually called "predetermined response configurations." All this means is that the type of unit and what response mode it will use has been decided in advance by the medical advisor in conjunction with other EMD advisory personnel. These configurations are based on a resource, its capabilities and personnel and on the time factors needed for the medical complaint. In general, there are four response configurations.

All this means is that the type of unit and what response mode it will use has been decided in advance by the local medical advisor in conjunction with other EMD advisory personnel. These configurations are based on a resource, its capabilities and personnel and on the time factors for the medical complaint. In general, there are four response configurations.



NOTE: Not all areas use these four generic response configurations. Some areas may have more, others less. What is important to remember is that response configurations are determined by local authorities, based on local resources and may differ from agency to agency.

- 1) *"BLS Cold"* is a resource with basic life support capability dispatched and told to respond in a normal response mode (no lights or sirens).
- 2) *"BLS Hot"* is a resource with basic life support capability dispatched and told to respond in an emergency response mode (using its lights and sirens).

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- 3) "ALS Hot" is a resource with advanced life support capability dispatched and told to respond in an emergency response mode (using its lights and sirens).
- 4) "FULL Response" is when "everything rolls" using the emergency response mode (using lights and sirens).

Response Configurations

General Considerations

- ▶ BLS Cold
- ▶ BLS Hot
- ▶ ALS Hot
- ▶ FULL Response

2-2-6

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QUESTION: What is the difference between a response mode and response configuration? What are the four generic response configurations?

**NOTE:**

Be sure to ask questions about things you do not understand. Remember, not all areas or agencies will use the same terms discussed here. The terms discussed here are just those most commonly used.



Principles of Successful Resource Allocation

When allocating resources, several things determine whether or not you will do so. These things (principles) include the following. Some you may already recognize.

- 1) *Knowledge of the status of all your resources at all times.* Are they working? Are they in the shop for repair? Is one group out for training, etc?
- 2) *Sending the closest unit(s) that will meet the need.* Is the nearest unit capable of meeting the patient's medical needs?
- 3) *Sending the appropriate resources to meet the need.* ALS vs. BLS, Multiple vs. Solitary responders, other resources as available in your local system.
- 4) *Understanding the influence of proximity and response time on the outcome.*
- 5) *Determining how easy it is to reach the victim before sending out units.* You need to know if the victim is in an easily accessible place. For example, if the victim is located in a remote ravine after a four-wheeling accident, should you send the two-wheel drive units out? Air ambulance?

Principles of Allocation

- ▶ Knowledge of resource status at all times
- ▶ Sending closest units that can meet the need
- ▶ Sending enough resources to meet the need
- ▶ Understanding the influence of proximity on outcome
- ▶ Determining ease of access to victim

2-2-7

- 6) *Knowing the availability of first responders, other agencies and multiple units for quick responses as the situation requires it. What other resources are available that meet the need?*
- 7) *Having backups for resources that are "out-of-service." Having additional backup resources are very popular in systems that engage in fluid deployment, system management and station/zone coverage deployment strategies.*
- 8) *Determining need based on clinical/medical criteria found in your EMDPRS. What exactly is the patient's medical need? What does the EMDPRS say?*
- 9) *Using EMDPRS recommendations to determine response configuration and mode. You will find these recommendations in the EMDPRS. They have been predetermined by your local medical authority to be most effective.*

Principles of Allocation

continued...

- ▶ Knowledge of availability of first responders, other agencies and multiple units for quick response
- ▶ When in doubt, send out more than you can prove you'll need
- ▶ Having "backups" for units "out-of-service"
- ▶ Determine need based on medical/clinical criteria in EMDPRS
- ▶ Use EMDPRS recommendation to determine response configuration and mode

2-2-8

Local Medical Resources



It is up to you to know what medical resources are available in your local EMS system. If you know and understand the medical resources in your area, you will be doing a more effective job of emergency medical dispatch.

There are many resources available. These resources vary from area to area. The resources that you have may or may not be available to another agency or town. Following is a list of some of the more common medical resources:

- 1) Hospitals;
- 2) Medical centers, Burn Centers, Trauma Centers, Crisis Centers, Hyperbaric Chamber facilities;
- 3) Advanced Life Support/Paramedics;
- 4) Basic Life Support/Advanced Emergency Medical Technicians (EMTs);

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- 5) Rescue Squads/Extrication Units;
- 6) Helicopters/Air Ambulances and
- 7) Ambulances.

Local Medical Resources

- ▶ Hospitals
- ▶ Medical and Trauma Centers
- ▶ Advanced Life Support/Paramedics
- ▶ BLS/Advanced EMTs
- ▶ Rescue Squads/Extrication Units
- ▶ Helicopters/Air Ambulances
- ▶ Medical Personnel Resources (ALS vs. BLS, Paramedics, EMTs, First Responders, etc.)
- ▶ Ambulances

2-2-9

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QUESTION: What are some of the resources available in your system? The instructor will review local resources and explain some of their unique capabilities.



Most systems have additional resources to enhance their resource base. These resources are usually considered alternates, because they are not the main resources used but are specialty resources and are used only in special situations. You should be familiar with the resources and procedures to access them, should they be necessary. Some of the more common alternatives are listed below. They include:

- 1) special care facilities (Burn Centers, Prenatal Units, Psychiatric Centers, etc.);
- 2) hazardous material resources (HAZMAT);
- 3) gas and electric utilities;
- 4) Police and Fire;
- 5) Poison Control;
- 6) Sexual Assault Centers/Counselor;
- 7) Translator Services (provide interpretation of various languages);
- 8) U.S. Coast Guard and
- 9) Military Assistance to Safety and Traffic (MAST).

Alternative/Additional Resources

- ▶ Special Care Units (Burn Centers, Perinatal Units, etc.)
- ▶ Hazardous Materials Units (HAZMAT)
- ▶ Gas and Electric Utilities
- ▶ Police and Fire
- ▶ US National Guard, US Coast Guard
- ▶ Poison Control
- ▶ Rape Crisis Centers/Counselors
- ▶ Translator Services
- ▶ Military Assistance to Safety and Traffic (MAST)

2-2-10



Regardless of the resource (standard or alternative), your agency should always have on hand information about the following for each resource:

- 1) basic and special capabilities of each resource and
- 2) resource location and status.



QUESTION: What other types of things should you know about each resource available to you? Discuss these with your instructor and class.

Summary

In this unit you learned about the basic philosophy behind resource allocation. You know what it takes to determine what resources are used and how your medical director came up with the resources you are using. You also learned about the various response modes and response configurations commonly available in EMS systems. You also discussed response modes and configurations used in ***your*** system. Finally, you learned about the common types of resources that are available in many EMS systems and discussed the resources available locally.

In Unit 3, you will learn about the philosophy behind giving medical instructions over the telephone and how to provide those instructions. Also provided will be some helpful "housekeeping hints" that you might want to use to make providing instructions over the phone easier.

Module 2 - Unit 2
Resource Allocation

MODULE 2 - UNIT 3

Providing Emergency Care Instructions

UNIT OVERVIEW

Once a call has been received and resources have been allocated, it may be necessary for you to offer a caller the opportunity to perform some emergency care procedures. If a caller accepts the offer to carry out telephone instructions, it is up to you to properly give instructions.

Unit 3, Providing Emergency Care Instructions trains you to properly provide emergency care instruction over the telephone. You will be presented with the philosophy behind the provision of emergency medical instruction as well as information on how to carry out that process.

There are also sections on your role in presenting telephone medical instruction and some basic "housekeeping" hints to help you effectively provide emergency care instruction to callers.

UNIT OBJECTIVES

Unit Learning Objective

Upon completion of this unit, you will be able to:

5. Describe the proper way to provide emergency care instructions.

Enabling Learning Objectives

To meet the unit learning objective, you will:

- 5.1 Describe the philosophy behind providing emergency care instructions.
- 5.2 List at least six requirements to creating effective communication between the EMD and the caller.
- 5.3 List the "housekeeping hints" that aid EMDs in the delivery of effective telephone medical instructions.

MODULE 2 - UNIT 3
Providing Emergency Care Instructions

THE PHILOSOPHY OF EMERGENCY CARE INSTRUCTION

Though most calls you receive are not life-threatening, you will occasionally find it necessary to give medical instructions to callers. You must therefore be ready to make decisions about which emergency care needs are required based on the information you get from your initial survey of the caller and your EMDPRS.



Background

Emergency Care Instructions. The amount of telephone instruction given by telephone and the responsibility for giving it, will vary from area to area. **Who** is responsible is determined by local planning and advisory guidance committees. They also determine what types of instructions can be presented and how they will be presented.

These same advisory committees determine response configurations and modes, resource allocations and policies for response and instructional needs. The EMDPRS is designed to incorporate all of their requirements. Therefore, before any EMD program is set up, these things must be decided.

Why use the EMDPRS? There will be times when you will find it necessary to give callers some lifesaving techniques over the telephone. Because you are not at the scene and have to rely on the caller to give you information, you need to rely on something to help you determine what is happening. That is the purpose of the EMDPRS.

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The EMDPRS provides interrogation questions designed to help you figure out what is happening medically. It then gives you information about what (if any) resources are to be sent out and if there are any medical instructions the caller may need. If so, the EMDPRS will give them to you. The use of a standardized and medically approved EMDPRS makes giving medical information consistent and accurate. This is because you give callers the same information, in the same manner, every time.

When a situation arises that calls for using medical instructions, you need to consider:

- 1) *Is it possible?* Is the caller a third-party caller (not with the patient, but reporting from some distance)? Is the phone near the patient? Are there language difficulties (you understand them, they understand you)?
- 2) *Is it appropriate?* The EMDPRS will tell you if there is any instruction that needs to be given. However, you must decide if it is needed *based on the situation*. In some cases, the responders might get to the patient before the instructions can be given.

Using Medical Instructions

The EMD Needs to Consider...

- ▶ Is it possible?
 - Is phone near patient?
 - Third-party caller?
- ▶ Is it appropriate?
 - Does the situation call for it?
 - Is there a protocol for it?

2-3-1

Module 2 - Unit 3

Providing Emergency Care Instructions

Providing Emergency Care Instructions



Some Important Aspects of Providing Emergency Care Instruction. Remember, your role is to gather specific medical information and prioritize responses by using the EMDPRS. To be effective, you must properly carry out three functions:

- 1) *collect information and question callers;*
- 2) *dispatch appropriate resources and*
- 3) *provide pre-arrival and post-dispatch instruction (when appropriate and possible to do so).*

EMDs use the *"All-Caller Interrogation"* protocol to get information from callers, to determine initial dispatch criteria and to find the appropriate card to turn to in the EMDPRS. These labels will vary by the EMDPRS selected for the local agency.

Once you determine which card to use, you should turn to that card. Each EMDPRS protocol card then gives you more questions to ask the caller (more on this in Module 3). The information you get from these questions is used to supplement information you've already collected. These are found in the *"Key Questions"* and *"Additional Information"* sections of the card. They are designed to help you get more information on the following:

- 1) *additional (and/or clarifying) location information;*
- 2) *further clarification of the nature and severity of the medical emergency;*
- 3) *types of pre-arrival/post-dispatch instructions to give;*

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Providing Emergency Care Instructions

- 4) *determination of additional information that should be relayed to responders;*
- 5) *ensure determination of the proper response mode;*
- 6) *identify conditions that require pre-arrival instructions;*

Further Interrogation...

- ▶ Ensures proper response mode
- ▶ Identifies conditions requiring pre-arrival instructions
- ▶ Helps responders address the scene
- ▶ Helps you provide scene safety

2-3-2

- 7) *details to help responders address the scene;*
- 8) *scene safety requirements for responders and bystanders;*
- 9) *proper resources to alert;*
- 10) *relaying patient information to responders;*
- 11) *helping responders locate the victim and*

Module 2 - Unit 3

Providing Emergency Care Instructions

- 12) *establishing communication links between the caller and the responders and any additional resources that may be required (translator services, specialty resources like poison control centers, burn centers, police, etc.).*

Proper Dispatch Involves...

- ▶ Alerting appropriate resources
- ▶ Relaying information to responders
- ▶ Helping responders locate victim
- ▶ Establishing communication links

2-3-3

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QUESTION?

Why is the EMDPRS important to you in providing medical instruction? How does it relate to proper dispatch and resources allocation?

Module 2 - Unit 3

Providing Emergency Care Instructions



Role of the EMD in Providing Telephone Instructions.

You are a critical link in patient survival. This is so, because:

- 1) *you are the first medical contact that a caller has;*
- 2) *you are in the best position to determine the needs of the patients and provide appropriate instructions and*
- 3) *you are able to initiate telephone CPR.*

Why the EMD Is Important

- ▶ First medical contact caller has
- ▶ Only person with immediate understanding of resources available and their capabilities
- ▶ In best position to determine need of patient
- ▶ Able to initiate telephone CPR within first 2 minutes

2-3-4



There are a few things you need to do to best provide telephone medical instructions. Many of these require preparation before they are actually needed. To be at your best when giving medical instruction, you need to:

- 1) *refine communications skills;*
- 2) *familiarize yourself with cardiac arrest as a medical emergency;*

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Providing Emergency Care Instructions

- 3) *practice giving the medically approved scripted instructions;*
- 4) *practice overcoming the hysteria threshold and using "repetitive persistence" and*
- 5) *deliver instructions in a calm and reassuring manner.*

**NOTE:**

Practice ensures the consistent delivery of instructions necessary for patient survival. Your comfort level with your skills makes it easier for you to give good telephone instruction because you are calmer and confident. Your manner then calms the caller and makes it likely that the caller will relax and be more willing to follow your instructions.

Giving Good Telephone Instructions

- ▶ Refine interrogation skills
- ▶ Familiarize yourself with cardiac arrest as a medical emergency
- ▶ Practice giving medically approved protocol for the emergency
- ▶ Practice overcoming the "hysteria threshold" and using "repetitive persistence"
- ▶ Deliver instructions in calm and reassuring manner

2-3-5

Module 2 - Unit 3

Providing Emergency Care Instructions



Communication Skills for Providing Medical Instructions.

Properly communicating telephone instructions takes more than just reading the instructions to the caller. In general there are six skills or techniques, that you can use to make your communication better. They include:

- 1) *be calm and reassure the caller;*
- 2) *be accurate;*
- 3) *be clear (speak slowly and enunciate properly);*
- 4) *follow the scripted telephone treatment sequence;*
- 5) *repeat instructions only when callers don't understand the instruction or haven't given you the right information and*
- 6) *listen carefully.*

Communication Skills

- ▶ Be calm and reassure callers
- ▶ Be quick
- ▶ Be clear
- ▶ Ask only necessary questions
- ▶ Repeat questions only when caller did not understand you or did not give you useful information
- ▶ Be alert to caller responses
- ▶ Be willing to give assistance

2-3-6

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Providing Emergency Care Instructions

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QUESTION?

What is the role of an EMD in emergency situations? Why are EMDs so important? What types of things should be practiced? Can you name the communication skills that are most important to the proper provision of telephone medical instructions?



Helpful Housekeeping Hints. Below are some hints that will help make it easier for you to provide instructions to callers. They include:

- 1) *keep the EMDPRS close at hand;*
- 2) *follow the protocols "word-for-word" and*
- 3) *if you get the call from another agency, get the phone number of the residence and*
CALL BACK. This might happen if you work for an agency where police and/or fire dispatchers (or whomever) are not located in the same facility as you.

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Housekeeping Hints

- Keep EMDPRS close at hand
- Follow protocols "word-for-word"
- If you get the call from another agency then get the phone number of the residence and **CALL BACK!!**

2-3-7

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QUESTION?

Can you think of any additional hints that might make delivery of instructions better? If so, share them with the class.

Module 2 - Unit 3

Providing Emergency Care Instructions

Summary

In this unit, you learned the proper methods for delivering medical instructions. You learned why the EMD is most important in the provision of the instructions, the basic philosophy behind telephone instructions and how to prepare yourself for giving these instructions. Finally, you learned some tips that will make it easier to deliver these instructions.

In Module 3, you will learn about the development and use of the Emergency Medical Dispatch Protocol Reference System (EMDPRS) and you will receive training on each of the 32 chief complaint types. You also will learn how to read and use the EMDPRS your agency uses.

Module 2 - Unit 3
Providing Emergency Care Instructions
